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TO:	FACSIMILE:
Central Fax US Patent and Trademark Office	Examiner B. Shen Fax: (571) 273-9040

FROM: MICHAEL R. WARD DATE: April 9, 2007  
Reg. No. 38,651

Number of pages with cover page:	12	Preparer of this slip has confirmed that facsimile number given is correct: <u>MRW1/8693/1x03</u>
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## Comments:

Attorney Docket No: 416272003900

Re: U.S. Patent Application Serial No. 10/519,121 Filed December 23, 2004  
For: METHODS FOR MEASURING RATES OF REVERSE CHOLESTEROL  
TRANSPORT IN VIVO, AS AN INDEX OF ANTI-ATHEROGENESIS  
By: Marc K. HELLERSTEIN  
Your Reference: B02-077  
EXAMINER: B. Shen ART UNIT: 1655  
Our Reference: 41627-20039.00

## DOCUMENTS ATTACHED: SUPPL RESP TO OA OF 8/8/06

- 1) Transmittal - 1 pg
- 2) Fee Transmittal - 2 pgs
- 3) Supplemental Response to OA of 8/8/06 - 8 pgs

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PTO/98/21 (03-04)

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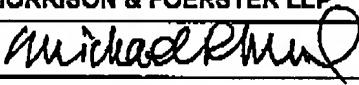
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/519,121
		Filing Date	September 15, 2003
		First Named Inventor	Marc K. HELLERSTEIN
		Art Unit	1655
		Examiner Name	B. Shen
Total Number of Pages in This Submission	11	Attorney Docket Number	416272003900

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form IN DUPL- 2 pgs	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply & UPPR RESP to OA of 8/8/06 - 8 pgs	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement (Supplemental, 3 pages)	<input type="checkbox"/> CD, Number of CD(s) _____	<b>FAX COVER SHEET - 1 pg</b>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MORRISON & FOERSTER LLP		(Customer No. 20872)
Signature			
Printed name	Michael R. Ward		
Date	April 9, 2007	Reg. No.	38,651

**FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being facsimile-transmitted to the Commission for Patents, at facsimile no. Examiner Shen Fax No. (571) 273-3040, on the date shown below.

Dated: April 9, 2007 Signature: 

Lilia Olaya

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# Fee Transmittal for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 25.00)

Complete If Known	
Application Number	10/519,121
Filing Date	September 15, 2003
First Named Inventor	Marc K. HELLERSTEIN
Examiner Name	B. Shen
Art Unit	1655
Attorney Docket No.	416272003900

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity  
Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)

200 100

Multiple dependent claims

360 180

#### Total Claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
21	-20 or HP	1 x 25	= \$25.00

#### Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
0	0

HP + highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	1-3 or HP	0 x 100	= 0

HP + highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	10/519,121

### 4. OTHER FEE(S)

Other: \$

SUBMITTED BY: MORRISON & FOERSTER LLP

CUSTOMER NO. 20872

Signature	<i>Michael R. Ward</i>	Registration No. (Attorney/Agent)	38,651	Telephone	415/268-6237
Name (Print/Type)	MICHAEL R. WARD			Date	April 9, 2007

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